

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17159

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 1230	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 3 hrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp				STREET ADDRESS (If rural, give location) 5333 Wells Ave 2069			
3. NAME OF DECEASED (Type or Print) Edna		a. (First)		b. (Middle)		c. (Last) Forsythe	
4. DATE OF DEATH May 29, 1955		5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	
8. DATE OF BIRTH 9-22-1885		9. AGE (In years last birthday) 69		10. UNDER 1 YEAR Months Days Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) Alamo, Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY AT Home		13. FATHER'S NAME Marion Freeman	
13b. MOTHER'S MAIDEN NAME Nannie Green Poston		14. NAME OF HUSBAND OR WIFE Perry Leon Forsythe		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Marion T. Forsythe-Eureka, Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Acute myocardial infarction ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION 4/200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5-29, 1955, to 5-29-1955, that I last saw the deceased alive on 5-29, 1955, and that death occurred at 5:57 A. m., from the causes and on the date stated above.		23a. SIGNATURE G. E. Smith	
23b. ADDRESS (Degree or title) M.D. 601 S. Brentwood, Clayton, Mo		23c. DATE SIGNED 5-29-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-1-1955	
24c. NAME OF CEMETERY OR CREMATORY Cypress Cemetery		24d. LOCATION (City, town, or county) (State) Crockett Co., Tennessee		25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.		25. ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 340

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.